



CAREER MATTERS

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U.S. AIR FORCE

MILITARY HEALTH CARE

SMSgt Jody Rodarmel

Military health care has been and continues to be one of the main reasons people choose to continue serving with the US Air Force. Medical coverage is an absolute necessity. Providing good medical care is a challenge being met today by our Air Force providers and continual improvements are being sought and implemented. The next article in this newsletter highlights a recent Kadena adoption, primary care optimization. Written by Major Allison Plunk and published last week in the Kadena Shogun, the article highlights how our clinic is adopting personal care. I have experienced their efforts first hand and testify their efforts are delivering first rate service.

TRICARE services were expanded drastically by the National Defense Authorization Act for 2001. Military retirees are now offered TRICARE-For-Life and Mail Order Pharmacy service. Our Congressional leadership hit a home run with these efforts.

Comparing costs of compatible medical coverage programs illustrates the monetary value of medical coverage for both active duty and the retiree. A quick Internet search for some national plans shows a single male at age 24 will pay about \$950 annually for medical coverage. A family plan for the same male with wife and one child jumps to \$2800 annually. Aging adds to the costs. My mother at age 71 is paying \$135 a month for health care and that is in conjunction with Medicare benefits. Its a major expense.

Our military health plans do not stop at just medical costs like other plans do. Prescription medication, dental and eye examinations are all covered under the

military plan. The three national plans I looked at on the Internet do not mention any of these benefits.

The last three articles below expand on the latest additions to our TRICARE coverages. One can easily see the value of our military health care system today.

Preparing for the "golden years" is a quest of our American culture. A monthly annuity from military retirement pay and having TRICARE coverage for life allows the military member a lot more flexibility in his or her preparations.

HEALTH CARE RESHAPED TO PROVIDE PERSONAL TOUCH

Major Allison Plunk - 18th Medical Group

So, you've heard it once before or maybe even twice, "Primary Care Optimization." You've probably also heard that three of the key initiatives behind this move are that enrollees (you the patient) know their primary care manager (your provider) by name as well as his primary care team, and that they in turn know you and your health care needs.

In all actuality this concept has been in existence for many years. For some of us, who have spent considerable time in the civilian sector, this patient-based concept mirrors standards in a private practice.

So what does that really mean? What it means is that finally you'll have the best continuity in your care that you've ever had.

Looking back several years you can remember when you saw whoever was on call or open for appointments. You may have had a chronic problem and each time you were seen by a different

provider, he/she led you in a different direction in the quest to manage your condition. It was never ideal but we were doing the best that we could for that era.

This past year we started with our first group to create Air Force private practice in the Samurai Team. And, recently we've taken the initiative to press on with the Pediatric Team. We've been so delighted by the results of this new direction in our provision of care, that we've decided to take a big leap forward and establish the rest of our teams.

All enrolled beneficiaries have already been assigned to a primary care manager and his/her team. They will be exclusively your providers of healthcare.

If you are new to the island, you will receive a letter indicating who your primary care manager is. If you have been here for a year or more and not been seen in the clinic, you can find out who your primary care manager is by calling family practice, central appointments, or beneficiary support.

Now, as in private practice, occasionally your provider needs a vacation. He/she will be matched up with a "partner" who will know about you and share in the management of your care when your primary provider is unavailable. When your primary care manager returns from leave, his/her partner will update them. One of the constant factors in this new practice is that you will have the same nurse and the same medical technicians participating in your care who will also be aware of your healthcare needs.

In addition to establishing your primary care manager and his/her team, we also have some exciting new changes on the horizon that will decrease your waiting time for appointments and facilitate the appointment process. Now some of you might be thinking, "What's this? What

will happen if I need to be seen and there are no appointments?"

Remember we are a clinic not an emergency room. You will continue to go directly to Camp Lester for life-threatening emergencies and/or to be seen if your condition warrants it after hours when we are closed.

Typically, when patients walk up to the desk to be seen (in any of our clinics), we still have to make arrangements through our appointment process to have you seen. Standing in front of the office personnel within the clinic does not let you get seen any sooner than if you were to call for an urgent "same day" appointment. What we have learned from the Samurai Team is that their patients rarely "walk in." They are managed within the appointment system, which allows for better access to care.

Another issue that arose in our retrospective review of access to care was "sick call." What we've found is that the appointments we have reserved specifically for sick call often go unbooked. Here again we are not utilizing appointments to the best of our ability.

To provide better access to care, this Thursday we will begin booking sick call by appointment only from 6:30 a.m. to 7:30 a.m. and 11:30 a.m. to 12:30 p.m. All active-duty personnel may call to book their appointment for that day during those times by way of a special sick call "HOTLINE."

The number for the "HOTLINE" will be 630 - APPT (630 - 2778). Remember, Thursday "sick call" will now be by appointment. For our personnel and family members already assigned to the Samurai Team, you will need to book appointments with your team by calling 630-4817 starting Monday.

We've all heard over and over again that we need to work smarter and do more with less, we've seen this impact on the flight line, in logistics, information management, as well as in healthcare. Change is tough, but to provide the best possible care to you we must be proactive and continually assess and reassess how we can improve our service to you.

We believe strongly that these new initiatives will enhance your access to care and our ability to care for you. During

the month of March we will conduct town hall meetings so that you can meet your primary care managers and their teams. We look forward to meeting you and answering any questions that you may have. Stay tuned for continued updates on these exciting new trends at your Kadena Clinic.

TOP 10 REASONS TO ENROLL IN TRICARE PRIME

Foundation Health Federal Services

Why should you choose TRICARE Prime at your nearby military medical treatment facility for your healthcare coverage? There are a lot of good reasons. TRICARE Prime at your military medical treatment facility gives you high-quality health care that is convenient to use with the least out-of-pocket costs.

Here are the top 10 reasons to choose Prime:

1. Lower costs. You pay no deductible and no copayment for outpatient visits at your military medical treatment facility or clinic, and only a small copayment for civilian doctor office visits. After April 1, 2001, this small copayment will no longer be required.

2. Priority at military medical treatment facilities. You will receive a higher appointment priority for treatment at military medical treatment facilities.

3. Individualized care. You choose your primary care manager and he or she will provide all your healthcare needs and arrange for specialty services when needed. Also, when you enroll in Prime, you will have the opportunity to complete a Health Enrollment Assessment Review survey to help your doctor identify your disease risk factors and the preventive healthcare services you need.

4. Minimal paperwork. With a military primary care manager, there are no claim forms to fill out. Also, if you are referred to a network provider, that provider will fill out your claim form for you.

5. Medicine on the cutting edge of technology and research. You will receive top-quality health care and medical services. Military medicine is often on

the cutting edge of new technology and research. Additionally, TRICARE members can participate in national clinical trials if they are determined to be eligible.

6. Quality providers. TRICARE doctors at military medical treatment facilities are quality doctors. All TRICARE doctors meet the licensing and certification requirements of TRICARE regulation and have agreed to provide cost-effective services.

7. Expanded clinical preventive care benefits with no copayments. You will receive the best in wellness benefits, including periodic screening tests, clinical examinations, immunizations and eye tests.

8. Timely access to care. You should get an appointment within a week and wait no longer than 30 minutes for your routine appointment. All TRICARE Prime providers must follow TRICARE access standards.

9. The ability to transfer your enrollment. You can take your healthcare coverage with you when you move, transfer or retire, or if your child goes off to college or lives with your former spouse in another Prime area.

10. Help when you need it. You will receive health care when you need it. TRICARE provides urgent care coverage to you 24 hours a day, seven days a week. Additionally, advice nurses and health information are available to you 24 hours a day.

For more information about TRICARE Prime, stop by your nearest TRICARE service center or beneficiary services office, or visit the Department of Defense's TRICARE Web site.

BUDGET ADDS MAJOR TRICARE BENEFITS FOR ACTIVE DUTY

American Forces Press Service

WASHINGTON, Nov. 30, 2000 -- Active duty members and their families should look for major new benefits coming soon in DoD's TRICARE managed healthcare plan, a senior program official said.

Air Force Col. Frank Cumberland, TRICARE Management Activity director of communications and customer service, said the most publicized TRICARE change in the defense budget signed Oct. 30 has been the opening up of benefits to Medicare-eligible retirees age 65 and older. The coming wave of change, however, won't overlook active duty members and families, he added.

Some of the benefits being added to TRICARE within the next year include:

- Active duty family members enrolled in TRICARE Prime will no longer have to make co-payments for care from a civilian provider after April 1, 2001.

- Family members of active duty troops in remote locations become eligible for the TRICARE Prime Remote program Oct. 1, 2001.

- DoD will have a five-year period to phase in making chiropractic care available to active duty troops.

TRICARE and health affairs officials are still working out the details on these changes and will announce them when plans are complete, Cumberland said.

TRICARE managers are also working to increase access to school physicals, eliminate the need for some nonavailability statements and some referrals for specialty care. Some of these issues may not come to pass before a new TRICARE contract is awarded, perhaps in 2003 or 2004, program officials advised.

Dr. H. James Sears, executive director of the TRICARE Management Activity, called the changes outlined in this year's budget legislation "the biggest platter of benefit changes" since the mid-1960s. TRICARE, he said, is adding benefits and continues to lower beneficiaries' out-of-pocket costs and, in the process, taking the irritants out of the TRICARE program and improving accessibility."

Sears added that people generally evaluate their healthcare system based on three factors:

- The quality of care.
- The range of benefits. "Does my plan cover everything that might happen to me?" Sears said.

- Cost. "Can I afford it?" he said. "When you look at TRICARE, those are all slam dunks," Sears said.

For more information, visit the TRICARE Web site at www.tricare.osd.mil.

TRICARE FOR LIFE BECOMING A REALITY

Maj. Kim Schmidt - Office of the Air Force Surgeon General

The National Defense Authorization Act, or NDAA, became law last October. Now this monumental piece of legislation provides Medicare-eligible military beneficiaries entitlement to TRICARE participation. The only provision is that the senior must pay for his/her Medicare Part B supplement, which amounts to \$50 a month.

TRICARE for Life, or TFL, will begin October 1, and to date, the enrollment portion of the benefit has not entirely been defined. The TRICARE Management Activity must provide Congress a plan for enrollment options by March 31. We do know TRICARE will act as a second payor to Medicare. That is, once Medicare reimburses the physician, TRICARE will pay the remaining balance in full, up to the TRICARE rate, which in most cases, will mean no cost shares or co-pays passed on to the beneficiary. This benefit alone will save retirees thousands in Medigap insurance premiums.

"This new entitlement is the biggest thing to come along since CHAMPUS legislation in the 60s," said Col. Don Taylor, chief of the Health Benefits and Policy Division, Office of the Air Force Surgeon General. "The Air Force looks forward to serving our retired patriots, and what a fantastic recruitment and retention tool this benefit is. It is likely better than any insurance program in the country. We must make sure that all eligible beneficiaries are aware of their new health plan."

On Jan. 16, Executive Director of TRICARE Management Activity, Dr. H. James T. Sears, sent a letter describing TFL to 1.5 million seniors. The mailing used DEERS information to reach the participants. Officials in the Health Benefits and Policy Division of the Air Force Surgeon General's office are urging military treatment facilities to get the word out to seniors in their areas. Malcolm Grow Medical Center recently had a Medicare Day and included speakers from retiree groups, the Healthcare

Finance Administration, and Air Staff. The more than 300 people who attended were encouraged to update their information in DEERS, and purchase Part B to take advantage of the new benefits.

The Air Force Surgeon General, Lt. Gen. Paul K. Carlton Jr., is seeking approval to start empanelling Medicare-eligibles into Air Force MTFs on April 1. This is the same date the retiree pharmaceutical benefit will begin. The new legislation provides all Medicare-eligible military beneficiaries with access to the National Mail Order Pharmacy and the retail networks, in addition to the MTF. Cost shares are small, and Medicare Part B is not needed if a beneficiary turns 65 before April 1. If the senior turns 65 on or after April 1, they must begin purchasing Part B.

To learn more about the Air Force perspective of the NDAA, please visit the Health Benefits and Policy website, <http://www/afms.mil/sgma/index.html>

Career Assistance Advisor
18 WG/CAA
SMSgt Jody Rodarmel
Bldg. #721, Room H-201
634-3337